

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement of \$6,507.80 for dates of service 05/11/01 through 01/10/02.
- b. The request was received on 03/27/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60
  - b. HCFA(s)
  - c. TWCC 62 forms
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
  - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/11/02
  - b. HCFA(s)
  - c. TWCC 62 form
  - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. There was no Carrier sign sheet found in the case file. Therefore, all of the information in the dispute packet will be reviewed and a decision will be written accordingly.

### **III. PARTIES' POSITIONS**

1. Requestor:

The requestor did not submit a position statement.
2. Respondent:

“Please be advised that the provider was told twice by phone that any unpaid medical bills received prior to our receipt of the peer review would be processed immediately as long as we had the appropriate medical documentation submitted

with each unpaid date of service. The provider has failed to submit the medical documentation as requested by the carrier.

Please also be advised that we are still more than willing to pay the outstanding charges incurred prior to the date of the peer review as long as the provider submits the appropriate documentation with the outstanding bills.”

#### **IV. FINDINGS**

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 05/11/01 and extending through 01/10/02.
2. Three EOBs were submitted with the denial codes of “N-Not Documented and “F” with no explanation.
3. The Provider billed \$6,507.80 for the dates of service 05/11/01 and extending through 01/10/02.
4. The Carrier reimbursed \$101.00 for the dates of service 05/11/01 and extending through 01/10/02.
5. The amount in dispute is \$6,507.80 for the dates of service 05/11/01 and extending through 01/10/02.

#### **V. RATIONALE**

Medical Review Division's rationale:

According to TWCC Rule 133.301 (a)(3)(D)(E):

... (D) “contains supporting documentation when such documentation is specifically required by Commission rules or guidelines, unless the required documentation was previously provided to the insurance carrier or its agents; and (E) ... includes the following legible supporting documentation, unless previously provided to the insurance carrier or its agents....”

The Provider did not submit any documentation as required by Rule 133.307 (g)(3)(B) in their dispute packet to support that the services were rendered. Medical Review Division is unable to determine what services were rendered. Therefore, additional reimbursement is not recommended for the dates of service 05/11/01 and extending through 01/10/02.

The above Findings and Decision are hereby issued this 16<sup>th</sup> day of October 2002.

Michael Bucklin  
Medical Dispute Resolution Officer  
Medical Review Division